

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532106

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7			1		1	
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13			1		1	
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19			1		1	1
20				1		1
21				1		1
22				1		1
23				1		1
24				1		1
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27				1		1
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46						
47						
48						
49						
50						
TOTAL IND.		↓	4	↓	4	↓
TOTAL DEP.	←		22	←	22	←
TOTAL CLAIMS			26		26	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						